

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

CERTIFICATE OF DEATH

12060 50

Reg. Date. No.

1. PLACE OF DEATH: Calvert
County Calvert

City or town Fusley
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME Willistine Bishop

4. Sex Female 5. Color or race Black 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb. 1 - 1935 8. (c) If alive, give age years

8. AGE: Years 10 Months 10 Days 2 If less than one day hrs. min.

9. Birthplace Fusley Maryland
(Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER 12. Name William J. Bishop
13. Birthplace Maryland

MOTHER 14. Maiden name Audrey Johnson
15. Birthplace Maryland

16. Informant William J. Bishop
Address Fusley, Maryland

17. (Burial, cremation, or removal. Which?) Burial Date thereof 12/4/45
(month) (day) (year)

Cemetery or crematory St. John
Location Fusley, Maryland

18. Funeral director P. Sewell
Address Prince Frederick, Md

19. 1/3 1945 Dr. E. S. Coster
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Fusley
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 - 1945 at 11A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 18 - 1945 to December 3 - 1945

and that I last saw her alive on Dec. 2 - 1945

Immediate cause of death

Chronic valvular heart disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

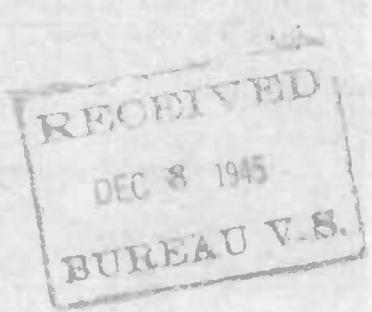
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Dr. E. S. Coster
M. D. or other

Address Solomons, Md Date signed 1/3/45





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 21206

12061

10

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

3. (a) FULL NAME

Silas W. Bowen Sr.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Fannie M. Bowen

6. (c) If alive, give age 78 years

7. Birth date of deceased (mo. day, yr.)

March 16, 1855

8. AGE:

Years 90

Months 9

Days 13

It less than one day

hrs. min.

9. Birthplace

Calvert Co. Md.

(Town, county, and state)

10. Usual occupation

Farmer & Merchant

11. Industry or business

MOTHER FATHER

Abraham Bowen

MOTHER

FATHER

Calvert Co. Md.

13. Birthplace

Fannie Simmons

14. Maiden name

FATHER

Calvert Co. Md.

MOTHER

Perry G. Bowen Jr.

Perry G. Bowen Jr.

FATHER

MOTHER

16. Informant

Perry G. Bowen Jr.

FATHER

MOTHER

17. Burial

FATHER

MOTHER

18. Cemetery or crematory

FATHER

MOTHER

19. Funeral director

FATHER

MOTHER

20. Address

FATHER

MOTHER

21. Date thereof

FATHER

MOTHER

22. Date of

FATHER

MOTHER

23. Date of

FATHER

MOTHER

24. Date of

FATHER

MOTHER

25. Date of

FATHER

MOTHER

26. Date of

FATHER

MOTHER

27. Date of

FATHER

MOTHER

28. Date of

FATHER

MOTHER

29. Date of

FATHER

MOTHER

30. Date of

FATHER

MOTHER

31. Date of

FATHER

MOTHER

32. Date of

FATHER

MOTHER

33. Date of

FATHER

MOTHER

34. Date of

FATHER

MOTHER

35. Date of

FATHER

MOTHER

36. Date of

FATHER

MOTHER

37. Date of

FATHER

MOTHER

38. Date of

FATHER

MOTHER

39. Date of

FATHER

MOTHER

40. Date of

FATHER

MOTHER

41. Date of

FATHER

MOTHER

42. Date of

FATHER

MOTHER

43. Date of

FATHER

MOTHER

44. Date of

FATHER

MOTHER

45. Date of

FATHER

MOTHER

46. Date of

FATHER

MOTHER

47. Date of

FATHER

MOTHER

48. Date of

FATHER

MOTHER

49. Date of

FATHER

MOTHER

50. Date of

FATHER

MOTHER

51. Date of

FATHER

MOTHER

52. Date of

FATHER

MOTHER

53. Date of

FATHER

MOTHER

54. Date of

FATHER

MOTHER

55. Date of

FATHER

MOTHER

56. Date of

FATHER

MOTHER

57. Date of

FATHER

MOTHER

58. Date of

FATHER

MOTHER

59. Date of

FATHER

MOTHER

60. Date of

FATHER

MOTHER

61. Date of

FATHER

MOTHER

62. Date of

FATHER

MOTHER

63. Date of

FATHER

MOTHER

64. Date of

FATHER

MOTHER

65. Date of

FATHER

MOTHER

66. Date of

FATHER

MOTHER

67. Date of

FATHER

MOTHER

68. Date of

FATHER

MOTHER

69. Date of

FATHER

MOTHER

70. Date of

FATHER

MOTHER

71. Date of

FATHER

MOTHER

72. Date of

FATHER

MOTHER

73. Date of

FATHER

MOTHER

74. Date of

FATHER

MOTHER

75. Date of

FATHER

MOTHER

76. Date of

FATHER

MOTHER

77. Date of

FATHER

MOTHER

78. Date of

FATHER

MOTHER

79. Date of

FATHER

MOTHER

80. Date of

FATHER

MOTHER

81. Date of

FATHER

MOTHER

82. Date of

FATHER

MOTHER

83. Date of

FATHER

MOTHER

84. Date of

FATHER

MOTHER

85. Date of

FATHER

MOTHER

86. Date of

FATHER

MOTHER

87. Date of

FATHER

MOTHER

88. Date of

FATHER

MOTHER

89. Date of

FATHER

MOTHER

90. Date of

FATHER

MOTHER

91. Date of

FATHER

MOTHER

92. Date of

FATHER

MOTHER

93. Date of

FATHER

MOTHER

94. Date of

FATHER

MOTHER

95. Date of

FATHER

MOTHER

96. Date of

FATHER

MOTHER

97. Date of

FATHER

MOTHER

98. Date of

FATHER

MOTHER

99. Date of

FATHER

MOTHER

100. Date of

FATHER

MOTHER

101. Date of

FATHER

MOTHER

102. Date of

FATHER

MOTHER

103. Date of

FATHER

MOTHER

104. Date of

FATHER

MOTHER

105. Date of

FATHER

MOTHER

106. Date of

FATHER

MOTHER

107. Date of

FATHER

MOTHER

108. Date of

FATHER

MOTHER

109. Date of

FATHER

MOTHER

110. Date of

FATHER

MOTHER

111. Date of

FATHER

MOTHER

112. Date of

FATHER

MOTHER

113. Date of

FATHER

MOTHER

114. Date of

FATHER

MOTHER

115. Date of

FATHER

MOTHER

116. Date of

FATHER

MOTHER

117. Date of

RECEIVED
JAN 7 1946
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8b

36

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH

County

City or town

Cedest

Dense Nederwach

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cedest

How long in hospital or institution?

6 days

3. (a) FULL NAME

Daisy Wurdus Brooks

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male colored single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

Nov. 26, 1945

8. AGE: Years Months Days 11 less than one day

28 hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

Daisy Brooks

13. Birthplace

Calif. Co. Md

14. Maiden name

Daisy Mackay

15. Birthplace

Cal. Co. Md

16. Informant

Daisy Brooks

Address

Huntingtown Md

17. (Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory

—

Location

—

18. Funeral director

—

Address

—

19. May 5 1945

(Date rec'd by registrar)

H. W. Ward

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md County Cedest

City or town

Huntingtown

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1945 at 9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12/18 1945 1945 10 19

and that I last saw her alive on 12/24 1945 1945

Immediate cause of death

Infantile tetany

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George D. St. M. D. or other

Dense Nederwach Date signed 12/25/45

This certificate was issued by J. Farns



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12/62

CERTIFICATE OF DEATH

107
Reg. Dist. No. 52

1. PLACE OF DEATH

Calvert
Ches. Beach

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Louise Brown

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 08 1841

8. (c) If alive, give age

years

8. AGE:

Years

Months

Days

11 less than one day

7

0

hrs.

min.

9. Birthplace

Ches. Beach Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

St. Edmonds Cemetery

Location

Sea Island Md

18. Funeral director

John Brown - Father

Address

Chesapeake Beach Md

19. Dec 17 1945

(Date rec'd by registrar)

Grace S. Hutchins

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Calvert

City or town

Ches. Beach

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

12

17

1945

at

7A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 16 1945 to Dec 17 1945

and that I last saw her alive on Dec 16 1945

Immediate cause of death

Hemorrhage

DURATION

1 wk

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

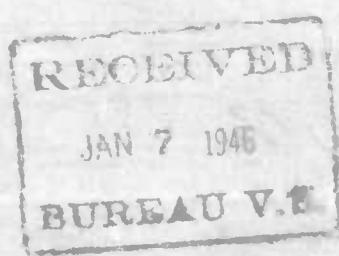
Injured at work?

23. SIGNATURE

H. M. Ward M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

CERTIFICATE OF DEATH

12163
51
Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

Huntingtown Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sam'l C. Cox

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Adèle S. Cox

7. Birth date of

deceased (mo., day, yr.)

January 30, 1873

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

72

10

8

hrs.

min.

9. Birthplace

Huntingtown, Md

(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

I

12. Name

Virgil Cox

F

13. Birthplace

Calvert Co., Md

M

14. Maiden name

Eliza Hackness

O

15. Birthplace

Calvert Co., Md

16. Informant

Eliza Hackness

Address

Mount Pleasant, Md

17. Burial

Date thereof Dec. 10, 1940

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Calvary

Location

Huntingtown, Md

18. Funeral director

A. A. Hackness & Son

Address

Mount Pleasant, Md

19. (12/11

1940

Style

Ward

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State

County

Calvert

City or town

Huntingtown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

2nd

3. (b) Social Security Number

No

MEDICAL CERTIFICATION

2D. DATE OF DEATH 8 Dec

1940 at 8:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 man 1943 to 8 Dec 1940

and that I last saw him alive on 8 Dec 1940

Immediate cause of death

cerebral accident

DURATION

Due to Hypertension

Due to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Huntington, Md Date signed 5 Dec 45

RECEIVED

DEC 12 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

12/64

5

Reg. Dist. No. 51

1. PLACE OF DEATH:

County

City or town

Catonsville

Dunkirk

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Oct. 1858

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Unknown

MOTHER FATHER

MOTHER

12. Name

Unknown

13. Birthplace

Md.

14. Maiden name

Susie Giles

15. Birthplace

Md.

16. Informant

Ernest Hawkins.

Address

Dunkirk, Md.

17. Burial

Date thereof 12-23-95
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Halls Creek

Location

Dunkirk, Md.

18. Funeral director

P.G. Scovell.

Address

Prince Frederick, Md.

19. Date rec'd by registrar

1945

J. M. King

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

City or town

Dunkirk

County Calvert

Street No.

12121

(If outside city or town limits, write RURAL and give nearest town)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

12/21

1945, at 6th

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12/15

1945, to

1945

and that I last saw him alive on 12/19

1945

Immediate cause of death

Autonoleum

DURATION

10 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

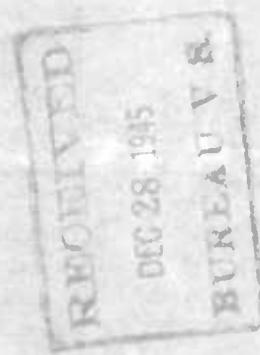
Howard

M. D. or other

Address

Pray 102

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2

CERTIFICATE OF DEATH

Reg. Dist. No. 51

12/65

1. PLACE OF DEATH:

County

Calvert

City or town

Island Creek

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sarah F. Gray

4. Sex

F

5. Color or race

C

6.(a) Single, married, widowed, or divorced

X

6.(b) Name of husband or wife

Wm. J. Gray

7. Birth date of deceased (mo., day, yr.)

Sept 22, 1876

8. (c) If alive, give age 75 years

8. AGE:

Years Months Days If less than one day
69 0 0 0 hrs. min.

9. Birthplace

Md (Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Charles Hask

12. Name

Charles Hask

13. Birthplace

Md

14. Maiden name

Sarah Taylor

15. Birthplace

Md

16. Informant

William Gray

Address

Island Creek Md

17. Burial

Date thereof 12-6-45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Brook's Chapel

Location

Calvert

18. Funeral director

P. E. Sewell

Address

Prince Frederick

19. (Date rec'd by registrar)

12-6 1945

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Calvert

City or town

Island Creek

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

12-1-3 1945 et 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 22 1945 to Dec 3 1945

and that I last saw h. or alive on Dec 3 1945

Immediate cause of death

Acute coronary thrombosis

Due to Hypertension c.v. d

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

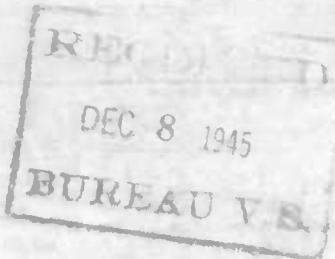
Means of injury

Injured at work?

23. SIGNATURE

R. D. Sallard, Jr. M. D. or other

Address: Prince Frederick, Md Date signed 12-6-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County

City or town

Prince Frederick Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2 days

3. (a) FULL NAME

Fannie Jefferson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

C.

X

6. (b) Name of husband or wife

7. Birth date of
deceased (mo., day, yr.)

5. (c) If alive, give age

years

June 22, 1876

8. AGE:

Years

Months

Days

If less than one day

69

hrs.

min.

9. Birthplace

Md

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

MOTHER FATHER

12. Name

Patrick Garrett

13. Birthplace

Md

14. Maiden name

Lizzie Gray

15. Birthplace

Md

16. Informant

Alton Jefferson

Address

Huntingtown Md

Burial

Date thereof 12-26-48

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

(Huntingtown Cemetery)

Location

Calvert

18. Funeral director

P. E. Howell

Address

Prince Frederick

19. Date rec'd by registrar

May 5 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Calvert

City or town

Huntingtown Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

12-22-1948

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to Dec 22 1948

X

and that I last saw her alive on Dec 22 1948

X

Immediate cause of death

Uremia

DURATION

Due to

Hypertension C.V.D.

Due to

Nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. E. Howell

M. D. or other

Address

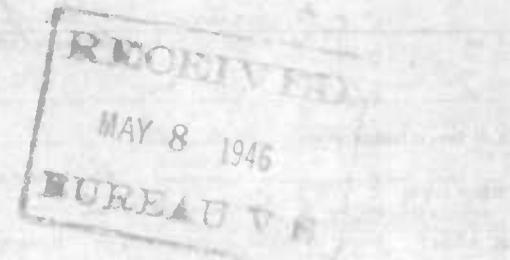
Prince Frederick

Date signed

This certificate held by D. Fannie

RECEIVED IN THE LIBRARY OF THE UNITED STATES HOUSE OF REPRESENTATIVES

RECEIVED MAY 8 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

CERTIFICATE OF DEATH

Reg. Dist. No. 50

#3

1. PLACE OF DEATH:

County Cabaret

City or town Solomons

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sarah Jane Lore

Lore

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Joseph C. Lore Jr.

7. Birth date of

deceased (mo., day, yr.)

July 7 1866

6. (c) If alive, give age..... years

8. AGE:

Years 79

Months 5

Days ?

If less than one day
hrs. min.

9. Birthplace

Cabaret C. Md.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

Linen & Tucked

FATHER

12. Name

MOTHER

13. Birthplace

Md.

14. Maiden name

Francis Hellen

15. Birthplace

Md.

16. Informant

Address

Joseph C. Lore Jr.

Solomons, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Dec. 17 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Location

Solomons M.E.

Solomons Md.

18. Funeral director

Address

A. A. Harkness & Son

Mutual Md.

19. Date rec'd by registrar

12/17/45

19

Date signed

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County Cabaret

City or town Solomons

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15, 1945 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15 1945 to Dec. 5 1945

and that I last saw him alive on

Immediate cause of death Carcinoma

of Rectum

Duo to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations extensive carcinomatous

of rectum & sigmoid Date of op. Sept 1944

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

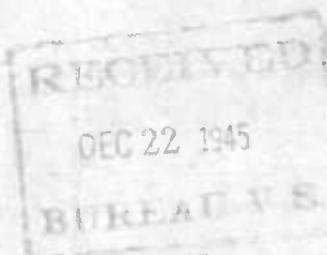
23. SIGNATURE

Date signed

M. D. or other

Address

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

942

CERTIFICATE OF DEATH

Reg. Dist. No. 51

12/67

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15

1. PLACE OF DEATH: Calvert
County: _____

City or town: Barrel Reddick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 100 days

Hospital, institution, or street address where death occurred: Calvert County Hosp.

How long in hospital or institution? 100 days

3. (a) FULL NAME Alma MacWilliams

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Huber Mac Williams

7. Birth date of deceased (mo., day, yr.) September 25, 1888 8. (c) If alive, give age _____ years

8. AGE: Years 57 Months _____ Days _____ If less than one day _____ hrs. _____ min. _____

9. Birthplace S. Carolina (Town, county, and state)

10. Usual occupation housewife

11. Industry or business Waldrop

12. Name Waldrop

13. Birthplace —

14. Maiden name —

15. Birthplace —

16. Informant —

Address —

17. Burial Burial Date thereof 28 Dec 45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory —

Location —

18. Funeral director Elle Funeral Home
Address 300-4th N.E. Washington D.C.

19. 13-28 1845 Date rec'd by registrar J. B. King Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MD County: Calvert

City or town: North Beach (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number _____

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1945 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/14 to 1945, 10. 19. and that I last saw h. _____ alive on _____.

Immediate cause of death Heart Failure DURATION _____

Due to Coronary Occlusion

Due to —

Other conditions Pulmonary Infarct

(Include pregnancy within 8 months of death)

Major findings or operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Page D. St. M. D. or other _____

Address Barrel Reddick Date signed 12/28

DEC 29 1945

Received
DEC 29 1945
Bureau Y.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 51

12/68 4

1. PLACE OF DEATH:

County CalvertCity or town Mt. Pleasant, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary J. Parker

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F C widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1855 6. (c) If alive, give age years

8. AGE:

Years 90

Months

Days

If less than one day

hrs. min.

9. Birthplace 1116

(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name Nelson Saunders13. Birthplace MD14. Maiden name Elizabeth Eggins15. Birthplace MD16. Informant Joseph SaundersAddress Mt. Pleasant, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 12/14/45 (month) (day) (year)Cemetery or crematory CasketsLocation Calvert Co., Md.18. Funeral director P.E. ScirellAddress Prince Frederick, Md.19. 12-16-45 (Date rec'd by registrar)J. N. King (Registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County CalvertCity or town Mt. Pleasant

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14/45 1945 at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 14 1945 to Dec 14 1945

and that I last saw h. alive on

Immediate cause of death

Heart failure

DURATION

Due to

Hypertension arterio-sclerotic

Due to

various disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE R. D. Sullane

M. D. or other

Address Prince Frederick Date signed 12/14/45

RECEIVED

DEC 19 1945

BUREAU V.8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

Reg. Dist. No. 57

12060
57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 days

Hospital, institution, or street address where death occurred:

Residence at N. Beach

How long in hospital or institution?

3 days

3. (a) FULL NAME

Solbert W. Robey

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

M

6. (b) Name of husband or wife

Peral Robey

6. (c) If alive, give age 65 years

7. Birth date of

deceased (mo., day, yr.)

1877, Aug.

8. AGE:

Years

Months

Days

If less than one day

68

4

—

hrs.

min.

9. Birthplace

Va.

(Town, county, and state)

10. Usual occupation

Retired shoe factory

11. Industry or business

Shoe factory

12. Name

Solbert W. Robey

13. Birthplace

Va.

14. Maiden name

Sarah

15. Birthplace

Va.

16. Informant

Kenneth J. Cheek

Address

N. Beach MD

Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

Date thereof

(month) (day) (year)

Cemetery or crematory

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

(City or town) (County) (State)

Means of injury

Injured at work?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

County

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

2D. DATE OF DEATH

12

10

1945

at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12/18 1945 to 12/10 1945

and that I last saw him alive on 12/19 1945

Immediate cause of death

Cardio vascular

disease

Due to acute myocarditis 2 wk

Due to 1 hr

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Ward

Dr. W. Ward

MD or other

Date signed 12/11/1945

